

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/502614

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12						
13						
14						
15						
16						
17	/					
18						
19						
20						
21						
22						
23						
24						
25						
26		2				
27		2				
28		2				
29						
30		2				
31						
32		2				
33		2				
34		2				
35		①				
36		①				
37						
38		①				
39		①				
40		①				
41		①				
42		①				
43		①				
44		①				
45		①				
46		2				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	45	←		←		←
TOTAL CLAIMS	48					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52		/				
53						
54						
55	/					
56		/				
57		/				
58		/				
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						